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FEDERAL PUBLIC DEFENDER, SOUTHERN DISTRICT OF TEXAS
TRANSCRIPT REQUEST AND INVOICE

1. PURPOSE 1 ☐ TRIAL 2 ☒ APPEAL OF CONVICTION/SENTENCE 2. REQUESTING ATTORNEY
3 ☐ OTHER Scott A. Martin

3. DOCKET NO. H-14-018 4. COURT SOUTHERN DISTRICT OF TEXAS

5. IN THE CASE OF U.S.A VS. Joseph S. Antonucci

United States Courts
Southern District of Texas
FILED

6. PERSON REPRESENTED Joseph S. Antonucci

APR 02 2015

7. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)
Appeal from judgment of conviction and sentence imposed on March 31, 2015.

David J. Bradley, Clerk of Court

8. PROCEEDINGS TO BE TRANSCRIBED (Describe specifically and include docket entry number)
03/31/15: Sentencing proceedings held before the Hon. Keith P. Ellison (no docket entry #).

9. FEDERAL PUBLIC DEFENDER'S REQUEST FPD ACCOUNTING DATA
As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request preparation of the transcript of the proceedings described above at the expense of the United States pursuant to the Criminal Justice Act. 15 092300 F05TXSF 2532

MARJORIE A. MEYERS DATE
FEDERAL PUBLIC DEFENDER (713) 718-4600
440 Louisiana, Suite 1350, Houston, Texas 77002-1669 TELEPHONE NUMBER

10. SPECIAL REQUESTS FPD'S INITIALS
A. ☐ Expedited ☐ 14-Day ☐ Daily ☐ Hourly Transcript
B. ☐ Prosecution Opening Statement ☐ Prosecution Argument ☐ Prosecution Rebuttal
☐ Defense Opening Statement ☐ Defense Argument ☐ Voir Dire ☐ Jury Instructions

INVOICE

11. COURT REPORTER/TRANSCRIBER STATUS 14. PAYEE'S ADDRESS
☒ Official ☐ Contract ☐ Transcriber ☐ Other

12. FULL NAME OF PAYEE
Miller

13. SOCIAL SECURITY OR EMPLOYER I.D. NO. OF PAYEE 15. TELEPHONE NO.

16. TRANSCRIPT	INCLUDE PG. NOS.	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	DED. AMT. APPORTIONED	TOTAL
A. Original			\$	\$	\$	\$
B. Copy			\$	\$	\$	\$
17.					TOTAL CLAIMED:	\$

18. CLAIMANT'S CERTIFICATION
I hereby certify that the above invoice is correct and that I have not claimed or received payment from any other source for the services rendered and claimed in this invoice.
CLAIMANT'S SIGNATURE DATE

18.A. Clerk's Office Verification of No. of Pages & Rates: Verified by: (Signature) (Date)

19. APPROVED FOR PAYMENT: AMT. APPROVED:
(Requesting Attorney, Federal Public Defender Office) DATE \$